

TRANSMITTAL FORM

Application Serial Number	10/667,159
Filing Date	September 19, 2003
First Named Inventor	Gellman
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket No.	BSC-065CPC1
Confirmation No.	8455
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input checked="" type="checkbox"/> Supplemental Application Data Sheet (4 pgs) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| | <input type="checkbox"/> CD(s) for large table or computer program | |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | |

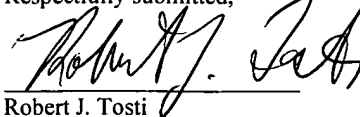
CORRESPONDENCE ADDRESS

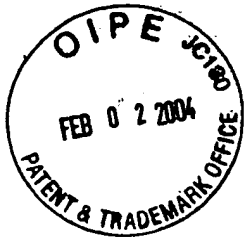
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Respectfully submitted,


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PATENT
Attorney Docket No. BSC-065CPC1
(1002/1460)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Gellman et al. CONFIRMATION NO.: 8455
SERIAL NO.: 10/667,159 GROUP NO.: 3732
FILING DATE: September 19, 2003 EXAMINER: Not Yet Assigned
TITLE: Bone Anchor Placement Device With Recessed Anchor Mount

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 30th day of January, 2004.


Diane Racicot

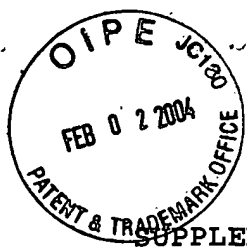
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg);
2. Supplemental Application Data Sheet (4 pgs);
3. Return-receipt postcard.

3013942



SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: 10/667,159
Filing Date:: September 19, 2003
Application Type:: Regular
Subject Matter:: Utility
Title:: Bone Anchor Placement Device With
Recessed Anchor Mount
Attorney Docket Number:: BSC-065CPC1
Total Drawing Sheets:: 39
Small Entity?:: No
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: No

Applicant Information

Applicant Authority Type:: Inventor
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Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01460-1403

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/738,378	12/15/00
09/738,378	Continuation-in-part of	09/309,816	05/11/99
09/738,378	Non-provisional of	60/085,113	05/12/98
09/738,378	Non-provisional of	60/125,207	03/18/99
09/738,378	Continuation-in-part of	09/238,654	01/26/99
09/738,378	Non-provisional of	60/072,641	01/27/98

Assignee Information

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Country of Mailing Address:: U.S.